

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF MATTHEW JOHN MATABRANDO	U.S. DISTRICT COURT - N.D. OF N.Y. FILED	COURT CASE NUMBER 05 CV 1459
DEFENDANT Regina Miles, et al;	JAN 26 2007	TYPE OF PROCESS SUMMONS COMPLAINT
SERVE →	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Sharon E. Carpinello, R.N.	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) PHD New York State Office of Mental Health Lawrence K. Baerman, Clerk - Syracuse
AT	44 Holland Avenue ALBANY, N.Y. 12229	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

MATTHEW JOHN MATABRANDO, 0445883
WENDE CORRECTIONAL FACILITY
3040 Wend Rd PO Box 1187
Alden, N.Y. 14004-1187

Number of process to be served with this Form - 285

01

Number of parties to be served in this case

09

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Telephone: (518) 474 - 4403
 Fax: (518) 474 - 2149

Signature of Attorney or other Originator requesting service on behalf of:

Matthew John Matabrand
☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

716 937-4000

DATE

11/23/05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 14	District of Origin No. 52	District to Serve No. 52	Signature of Authorized USMS Deputy or Clerk <i>B. Wang</i>	Date 12/29/06
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service 11/19/07	Time am
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Signature of U.S. Marshal or Deputy

R Clarke

Service Fee 8.00	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges 8.00	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

service via regular mail 12/29/06
 USM 299 received **1-24-07**

U.S. Department of Justice
United States Marshals Service
Northern District of New York
PO Box 7260
Syracuse, NY 13261



**STATEMENT OF SERVICE BY MAIL AND ACKNOWLEDGMENT
OF RECEIPT BY MAIL OF SUMMONS AND COMPLAINT**

A. STATEMENT OF SERVICE BY MAIL

United States District Court
for the
Northern District of New York

TO: Sharon E. Carpinello, RN
NYS Office of Mental Health
44 Holland Ave
Albany, NY 12229

Civil File Number 05-CV-1459

Matthew John Matarano

v

Regina Miles, et al

The enclosed summons and complaint are served pursuant to Fed. R. Civ. P. 4(e)(1) and section 312-a of the New York Civil Practice Law and Rules.

To avoid being charged with the expense of service upon you, you must sign, date and complete the acknowledgment part of this form and mail or deliver one copy of the completed form to the sender within thirty (30) days from the date you receive it. You should keep a copy for your records or for your attorney. If you wish to consult an attorney, you should do so as soon as possible.

If you do not complete and return the form to the sender within thirty (30) days, you (or the party on whose behalf you are being served) will be required to pay expenses incurred in serving the summons and complaint in any other manner permitted by law, and the cost of such service as permitted by law will be entered as a judgment against you.

The return of this statement and acknowledgment does not relieve you of the necessity to answer the complaint. The time to answer expires thirty (30) days after the day you mail or deliver this form to the sender.

If you are served on behalf of a corporation, unincorporated association, partnership or other entity, you must indicate under your signature your relationship to the entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

I declare, under penalty of perjury, that this Notice and Acknowledgment of Receipt of Summons and Complaint by Mail was mailed on December 29, 2006.

B. White
Signature (USMS Official)

B. ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT

I received the summons and complaint in the above-referenced matter.

CHECK ONE OF THE FOLLOWING; (IF 2 IS CHECKED, COMPLETE AS INDICATED)

1. ☒ I am not in military service of the United States.
2. ☐ I am in military service of the United States, and my rank, serial number and branch of service are as follows:
Rank: _____
Serial Number: _____
Branch of Service: _____

TO BE COMPLETED REGARDLESS OF MILITARY STATUS:

I affirm the above as true under penalty of perjury.

Peter A. Durfee
Signature

Peter A. Durfee
Print Name

1/19/07
Date of Signature

Sharon E. Carpinello, RN, Ph.D.
Name of Defendant for which acting

Deputy Counsel for Litigation, NYSONH
Relationship to defendant Authority to Receive

It is a crime to forge a signature or to make a false entry on this statement or on the acknowledgment.

2007 JAN 24 A 11:40

RECEIVED
USMS - NDNY